

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90017 050 ***150.00

DOCUMENT # 422344

1. Entity Name

AARON PEST CONTROL, INC.



Principal Place of Business

3200 NO WOODLAND BLVD
DELAND FL 32720

Mailing Address

3200 NO WOODLAND BLVD
DELAND FL 32720

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1452379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, FRANCIS JAMES
1441 GRAND AVE.
DELAND FL 32720

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GINES, MARIO
STREET ADDRESS 101 LEON AVE
CITY-ST-ZIP DELAND FL 32720

TITLE P ☐ Delete
NAME SMITH, FRANCIS JAMES
STREET ADDRESS 1441 GRAND AVE
CITY-ST-ZIP DELAND FL

TITLE ST ☐ Delete
NAME SMITH, LAVERNE
STREET ADDRESS 1441 GRAND AVE
CITY-ST-ZIP DELAND FL

TITLE D ☐ Delete
NAME JOHNSON, CYNTHIA S.
STREET ADDRESS ~~1226 AUSTIN RD~~
CITY-ST-ZIP ~~ORLANDO FL 32806~~

TITLE D ☐ Delete
NAME SMITH, PHILLIP JAMES
STREET ADDRESS 2946 NO SHELL RD.
CITY-ST-ZIP DELAND FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition
NAME JOHNSON, CYNTHIA S.
STREET ADDRESS 3211 NORTH ZUNN DR
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

F. J. Smith

F. J. Smith

1/19/06 386 734 6911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #